

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053962

1. Corporation Name

Platinum Works, Inc

2. Principal Office Address - No P.O. Box #

520 SE 5th Avenue

3. Mailing Office Address

333 North Atlantic Avenue

Suite, Apt. #, etc.

1508

Suite, Apt. #, etc.

412

City & State

Fort Lauderdale, Florida

City & State

Cocoa Beach, Florida

Zip
33301

Country
USA

Zip
32931

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

5. FEL Number
52-2250953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Cristina Jewell

Street Address (P.O. Box Number is Not Acceptable)
333 North Atlantic Avenue

Suite, Apt. #, Etc.
412

City
Cocoa Beach

State
FL

Zip Code
32931

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C. Jewell

REGISTERED AGENT MUST SIGN

Date **11-30-2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Jerry G. Mikolajczyk	520 SE 5th Avenue, #1508	Fort Lauderdale, FL, 33301
D	Dwight Merritt	Apt. # 301, 8708 106th St.	Edmonton, AB, Canada

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

JERRY G. MIKOLAJCZYK
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/07 954 604 0912